Editorial

“One simple set of regulations”

Our present detailed legislation to control health hazards at work has developed piecemeal over the past 150 years and is impossibly complicated. Each successive statute or regulation has aimed at remediying a single perceived evil whether it be a substance or a process. “Neither logic nor consistency, neither the over-nice consideration of even-handed justice nor the Quixotic appeal of a general humanitarianism,” wrote Sidney Webb “was permitted to stand in the way of a practical remedy for a proved wrong.” But from now on, we are told, everything will be different.

Introducing a draft of new regulations,² the chairman of the Health and Safety Commission somewhat sanguinely called them, “one simple set of regulations applying to all substances hazardous to health.”

How do they set out to control exposure to these substances? At the outset we have to know what substances are “hazardous to health” and how they are grouped. They may be “very toxic, toxic, harmful, corrosive, irritant, carcinogenic, mutagenic, or teratogenic” and, thereby, will include human pathogens. The first three of these categories are delineated in terms of the median lethal dose or median lethal concentration absorbed by inhalation for a group of rats.

How is such information to be translated to protect health in workplaces? Generations of students in occupational medicine have learnt that although acetyl salicylic acid can be poisonous and may be lethal, there is little hazard in handling crates full of aspirin bottles. It is not enough to look up the toxicity of a substance, we must also assess the toxic hazard of the process in which it is used.

The next step, therefore, under the proposed regulations is an adequate assessment of the risks to the health of employees, to other persons on the premises, to people outside who may be affected by emissions and discharge, and also to families of workers who may be exposed to substances carried home on clothing or footwear. We will return, shortly, to consider what makes an assessment “adequate.” (To some non-English readers it may be helpful to note that although “hazard” and “risk” may be found together in a synonym dictionary, in our dynamic language a difference is emerging, “hazard” suggests that a potential for harm exists, whereas “risk” is becoming to mean a measurement of the probability that harm will result.)

After that there is a need to define control measures (and here the proposed legislation incorporates the axiom that personal protective equipment is to be used only when engineering controls are impractical) and then to institute some form of (environmental) monitoring to be carried out by a competent person. That is, clearly, very important, and both students and doctors in large firms will at once think of occupational hygienists, but it is surprising that nowhere is a competent person defined. In many instances will this matter? Given the technical procedures and expertise for environmental sampling and a list of control and recommended limits is there much scope for informed professional judgment? No. But there are occasions when this simple approach will not do. In recent years I have seen demolition workers crawling over roofs of old railway stations or over old gas holders burning through up to 8 mm of lead paint. As the winds and breezes blow and eddy around up there what use is environmental monitoring? A recommendation to wear masks or breathing apparatus would certainly increase the safety of the attendant occupational physician or hygienist from reproach but would it, by restricting vision and mobility, increase the safety of a workman 50 feet (15 m) above the ground? Is there a need for informed professional judgment by people who are prepared to accept responsibility?

Assessment, control, and monitoring no matter how conscientiously applied or rigorously enforced will not always completely eliminate risk, so some form of health surveillance may be required. This will range from just the keeping of “occupational health records” (because they may often be no more than personnel records and are not intended to include confidential clinical records a better term is needed if only to save occupational physicians and nurses worrying about confidentiality), simple inspection by the employee himself or by a supervisor, through examination by occupational health nurses and biological monitoring (biochemical or psychological) to medical surveillance under the supervision of an employment medical adviser or appointed doctor. I find it interesting that “biological testing” is listed separately between “examination by a suitably qualified person—for example, a qualified occupational health nurse”—and “medical surveillance.” This may be a timely reminder that it
needs neither a nursing nor a medical qualification to recognise, for example, the self evident fact that a blood lead of 70 µg/100 ml is less than 80 µg/100 ml and the corollary, that doctors and nurses should be occupied in matters requiring informed professional judgment.

That takes us back to the earlier point of an adequate assessment. The draft code of practice tells us that:

"An assessment can be considered adequate when an informed judgment has been made of the risks to health arising from exposure to a substance hazardous to health and the means of controlling that risk have been determined. The risk is a function of the nature of the substance and the nature and degree of exposure. The person carrying out the assessment should be competent for that purpose."

Here lies the challenge, and the opportunity, for occupational medicine. Not just in routine surveillance whether of bodies or test results but in providing informed judgment. But who is to decide whether a doctor or hygienist is competent to provide that informed judgment? And if I became recognised as "competent" now shall I (should I) automatically be regarded as competent in 10 or 20 years from now when many new developments will have occurred? The draft regulations do not tell us, but these matters will have to be discussed and decided.

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References

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